



Iowa Department of Human Services

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Director

INFORMATIONAL LETTER NO.1321

DATE: November 22, 2013

TO: Iowa Medicaid Program of All-Inclusive Care for the Elderly (PACE) and Nursing Facility Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Completion of Case Activity Report-PACE in a Nursing Facility

EFFECTIVE: Upon Receipt

Revised Case Activity Report Form:

The Case Activity Report (CAR), Form [470-0042](#), has been updated and is available on the IME website at: <http://www.ime.state.ia.us/Providers/Forms.html>.

This revised CAR form shall be used with the instructions provided, in the interim, until a PACE-specific CAR is implemented.

Purpose:

The form provides a mechanism for PACE providers to report individual member/participant activities or status changes during a nursing facility (NF) stay that may affect eligibility.

PACE/NF Member Activity/Status Changes When CARs Must Be Completed:

PACE staff must complete the form when:

- A PACE member enters the NF regardless of eligibility status: Medicare, Medicaid or dual eligibility.
- A PACE/NF member's Medicare coverage starts or stops.
- A PACE/NF member dies or is discharged.

Completing the CAR Sections:

The PACE provider contracts with a NF when a member/participant's medical condition requires more support than in his/her home. The PACE provider remains responsible for the PACE/NF member's optimum health and quality of life. PACE provider coordination and communication with the NF is essential to this goal; and to report any funding changes that may affect eligibility.

Section 1. Member Data: This section contains PACE/NF member-specific information. The first name, middle initial, and last name should be used as they appear on the *Medical Assistance Eligibility Card*.

The “Date Entered Facility” is the date the PACE member entered the NF for the first time or was readmitted to the NF following a discharge.

Section 2. Facility Data: This section contains information on the PACE program and the PACE staff completing the form. The NF information is not needed for a PACE/NF member.

Complete this section as follows:

- Enter the PACE provider number/NPI number.
- Check “PACE” for facility type.
- Complete the name and address of the PACE provider.
- The “DHS Per Diem” is the NF computed rate in which the PACE/NF member resides.
- The signature of the person completing the CAR is the PACE staff followed by the PACE provider name with the contact information completed.
- The signature of the person completing the CAR form is the PACE staff followed by the PACE provider name with the contact information completed.
- The “Date Completed” is the date the form is completed and sent to the DHS Woodbury Adult Intake Team.

Section 3. Level of Care: This section is not applicable for the PACE/NF member.

Section 4. Medicare Information for either Skilled Patients or Hospice Patients in Facilities: For PACE members receiving skilled care, this section reflects Medicare coverage that may be applicable to skilled care. This section is completed when there is Medicare coverage.

For PACE members receiving hospice services and residing in an NF, this section does not need to be completed. Because, a PACE program must provide the hospice benefit to all PACE members, it would be part of the PACE monthly capitation reimbursement for the member. The CARs are not needed to capture eligibility and funding information when the hospice benefit is provided as part of the PACE program.

Section 5. Discharge Data: This section is completed to identify the date and reason for the discharge of the PACE/NF member. The information under “Last Month in Facility” is used to recalculate client participation if the client transfers to another NF or living arrangement (not home or assisted living).

The PACE provider does reimburse the contracted NF for the date of discharge - unlike an NF stay without PACE contracted reimbursement.

Distribution:

The PACE provider must submit the form to the DHS Woodbury Adult Intake office within three (3) business days of the action.

Where to Send Completed CARs:

PACE:

- Mail, email or fax a copy to the DHS Woodbury Adult Intake Team at:

Woodbury Adult Intake Team
Imaging Center 1
Iowa Department of Human Services
417 E. Kanesville Blvd.
Council Bluffs, IA 51503-4470
Fax: 515-564-4014 Email: 97cmz2@dhs.state.ia.us

- Keep a copy.
- Send a copy to the contracted nursing facility.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or locally in Des Moines at 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.